

# MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

No. 5.]

PHILADELPHIA, SATURDAY, FEBRUARY 2, 1839.

[Vol. II.]

## A LECTURE ON HÆMOPTYSIS.

By N. CHAPMAN, M. D., *Professor of the Theory and Practice of Physic, in the University of Pennsylvania.*

(Continued from page 55.)

THE mucous membrane throughout its distribution in the lungs, their appendages, as well as in the fauces, being liable to a sanguineous exhalation, it may be useful to distinguish the immediate position of it. Generally, when the hæmorrhage proceeds from the latter structures, there is merely hawking without any pulmonary oppression, cough, or vascular excitement,—and, on examination of the throat, we shall, in some instances, perceive the source itself whence the blood comes.

As to hæmoptysis proper, it is, perhaps, impossible always to discriminate accurately, by symptoms only, its two forms—that of the mucous membrane, and of the tissue of the lungs themselves. Being, however, a *pulmonary* case, by which I mean an affection of the lung itself, it is usually designated by all those characteristics I have just mentioned as belonging to the most violent attacks of the affection, coming on more suddenly, and with such intense oppression as even to threaten suffocation.

Nor can we uniformly rely on the external means of exploration,—though, by carefully weighing the respective indications, much may be learnt. In hæmorrhage of the mucous membrane, the chest, on percussion, is perfectly sonorous, and the stethoscope betrays a mucous rattle, proportionate to the quantity of blood retained in the bronchiæ. The former of these means in the pulmonary engorgement, when it is considerable, elicits a dull sound over the affected part,—and the latter shows a want of the respiratory murmur in it, and the crepitous, instead of the mucous rattle. Cases, however, are to be met with of great ambiguity, and where these resources fail, as when the two affections are united, or the engorgement is slight, or is seated in a portion of the lungs beyond the reach of percussion. Taken in any view, the decision of the point is rather a matter of curiosity than practical utility. But very different is it in regard to the chronic lesions, as tubercles, hepatization, &c., of which the effusion may be the effect, and happily as it is important, so is it comparatively easy. He who is skilled in the application of these means, is enabled, at once, to pronounce with tolerable certainty, on the nature of the affection, and to institute the practice best fitted for its removal.

It may be affirmed as a general proposition, that the inactive is far more intractable than the active hæmoptysis. There are, however, other considerations by which the case is to be esti-

ated in this respect. The degree of danger is influenced by the position whence the hæmorrhage proceeds, and still more so by the pathological condition with which it may be associated. Coming from the larynx and adjacent structures, it has been deemed the least alarming, and which may be generally so, though sometimes of the most serious import, even such as are apparently confined to the fauces. But it is presumable, that the larynx was at the time, or subsequently became involved,—and when hæmorrhages from this structure are precursory to consumption, as they are apt to be, probably the lungs were previously affected, the morbid action ascending upwards, or, as may be, the reverse, the irritation descending till the whole pulmonary system became engaged. Caused by tubercles, or any other organic lesion, an unfavourable result is sooner or later to be anticipated,—and such as emanate from the pulmonary substance itself, are almost uniformly and speedily fatal. The latter, however, are happily of rare occurrence. Belonging to the mucous membrane, on the contrary, copious as may be the effusion, little is directly to be apprehended. Death, indeed, from hæmoptysis, as an immediate consequence, very seldom happens. Heberden informs us, that in a practice of sixty years, he never lost a patient by it,—and my own experience, which extends to two-thirds of this period, supplies me with very few instances—and none of these, I have reason to believe, were of the mucous membrane. Three of the four fatal cases which I have seen, were, indeed, by a post-mortem examination, shown not to be so. The vicarious, or metastatic hæmorrhage, is still less to be regarded.

For the most part, hæmoptysis ought to carry with it little further terror than that excited by a suspicion, too often well-founded, that it is an outward sign or expression of disease of the lungs, and especially a tubercular state of these organs. Exempt from such lesions, they seem, in some instances, to suffer no more from hæmorrhage, than other parts,—in proof of which, I have several very striking facts supplied by my own observations. Cases have come under my care, where the hæmorrhage had been repeated again and again for a series of years, which ultimately did well,—and there is no reason to doubt, that a very distinguished person of this city, who died not long ago in his ninetieth year, was subject to very frequent recurrences of it, for nearly two-thirds of his life. Yet, though the lungs may escape from any serious injury, it were prudent in every case to effect a cure. The event itself shows an undue irritation in these organs,—for, without it, the afflux of the blood leading to the effusion would not take place,—and it is obvious, that this is the very state of things,



which, by continuance, is so apt to lay the foundation of irreparable mischief.

Considering the diversity of condition on which hæmoptysis depends, the post-mortem appearances must, of course, be expected to vary. From the infrequency of death in that of the mucous membrane, the phenomena are not precisely determined. But we are not without some intelligence regarding them, and the following has been reported. In the most simple cases, caused merely by turgescency of the vessels of the tissue, little is observable, excepting the surface is covered more or less with blood—the congestion having been relieved by the previous effusion. Connected with actual phlogosis, the ordinary evidence of such a state in the mucous lining is exhibited,—and, being a chronic case, there are some changes of structure, thickened, and either softer, or more indurated, or condensed, than natural, with, occasionally, fibrinous concretions in the form of polypi.

Extravasations taking place in the parenchyma, which, as I said, is a very rare event, the appearances resemble very much those in cerebral apoplexy. Looking at the lung thus affected, we shall discover such portions of it circumscribed, from one to two or three inches, of a very deep dark red colour, and of a density equal to the completest hepatization. Cutting into these portions, they are found to consist of concrete blood—the surrounding tissue being crepitant, and of the usual colour, or reddish, as if tinged with blood.

These are the phenomena in the simplest states of hæmoptysis. But in the more complicated forms of it, there are discoverable, in different instances, besides tubercles in their several stages of developement, all those organic lesions to which the lungs are exposed. Extending, too, our researches further, we may find the heart, the liver, spleen, or other of the viscera, variously diseased, while the lungs shall escape or not, the irritation causing the effusion of blood being entirely of a derivative nature in the former case.

(To be continued.)

*Case of Fracture of the Spinous Process of the Third Dorsal Vertebra. Reported by W. HARRIS, M. D.*

At my late residence in Chester county, on the 12th of May, 1833, whilst mounting a young and vicious horse, the end of an umbrella, which I held folded in my right hand, was suddenly inflated by a puff of wind, which terrified the animal, and caused him to run, plunge, and throw me violently over his head. I was thrown a somersset in the fall, and received, thereby, the whole force of the concussion upon my back between the shoulders.

A partial paralysis was immediately experienced in the diaphragm and intercostal muscles, and respiration was consequently performed with great difficulty. The greatest efforts enabled me to inflate my lungs, in a very imperfect degree only. My first impulse was to crawl to the fence and seize a post, in the hope that, by fix-

ing my chest, I might be enabled to fill my lungs; but this effort was also vain.

As I fell within a short distance of my own mansion, and as my lower extremities were uninjured, I immediately, and without much assistance, reached my chamber, and was put to bed. My extremities, soon after, became quite cold, my pulse scarcely perceptible, my face livid, my breathing more difficult, and my feelings induced me to think that the period of my dissolution was at hand. Mustard plasters were promptly applied to my feet and wrists, my whole body was enveloped in warm flannel, and surrounded with bottles of hot water.

As my pain, especially in the region of the diaphragm, was very intense, and the feeling of suffocation distressing beyond description, in the hope of obtaining some relief, I requested my friend, Dr. Matlack, after I had taken a large draught of hot tea, to open a vein in my arm. As this operation was performed before reaction had taken place, the blood flowed very sluggishly, and only three or four ounces could be obtained. This was not followed by the slightest mitigation of my suffering. All the ordinary means for bringing about a reaction were now put in operation, and about six hours after the injury, my extremities began to grow warm, and my pulse to rise. At this time, my brother, Dr. Stephen Harris, arrived, who took from my arm about twenty ounces of blood, which was succeeded by a more easy respiration, and a slight alleviation of all my sufferings. New symptoms now made their appearance. A violent action commenced in my heart. Its pulsations were so strong that they could be felt all over the left side of the thorax, and be seen across my chamber. Gas was generating rapidly in my stomach and intestines, and my abdomen was becoming, consequently, quite tympanitic. The muscles upon the posterior and superior part of the thorax, as well as upon the posterior part of my arms and fore-arms, were paralysed. Those on the fore part of my arms were not affected. I could not stretch out my arms from my body; but if this were done by an assistant, I could flex them with considerable force. My kidneys, too, suffered from the shock, as no urine appeared to be secreted. Bed-time of the first day having now arrived, I took a large dose of cathartic medicine, which produced no sensible effect. I passed a sleepless night. The next morning, my brother, Dr. Thomas Harris, arrived from Philadelphia, who, upon examination of my back, discovered that the spinous process of the third dorsal vertebra was fractured. Motion and crepitus were plainly evident. He was apprehensive, too, as partial paralysis had followed the concussion, that effusion had taken place within the spinal sheath, and that thickening of that membrane and its attendant consequences, were to be apprehended. Accordingly, the treatment was now directed mainly to the seat of the injury. Cups were immediately applied, a row on either side of the spinous processes of the dorsal vertebræ, and about eight ounces of blood



extracted. After this, attention was directed to my bowels, and, in consequence of their present torpor and distension with flatus, it was only after repeated doses of aperient medicines, at short intervals, and the administration of enemata, that an opening was effected. By this I was relieved of one of my most unpleasant symptoms—distension from flatulence. In the course of the second day, I voided, too, for the first time, a small quantity of urine.

The third day after the injury, my symptoms were all more favourable, except the palpitation of the heart. This continued with uninterrupted violence until the end of the second week. There was a peculiar tenderness or sensibility in all the muscles that covered the thorax. Every movement gave me such intense pain, that when I was turned from my back to either side, or the reverse, I had to be gently rolled over by pulling the sheet upon which I lay, and at the same time making a rotatory movement.

The same plan of treatment was continued, and my sufferings gradually subsided, so that upon the fourth week, after my spine had been cupped seven times, I began to sit up and move gently about my chamber. There was, however, great weakness in the spinal column immediately above and below the injury, and a disposition to curve forwards. I could not remain long, however, in an erect position, without a return of severe pain, which could only be relieved by my resuming the horizontal attitude. I had a jacket made with two pieces of whalebone behind, on either side of two rows of eyelet-holes, at the place of junction, which, after it was put on and tightly laced, gave me great support and comfort. I still, however, suffered more or less from the erect position, unless the weak part was supported by the back of a chair.

When I resumed my professional duties, I suffered, at times, intense pain in the injured part, and was often obliged to lie down at the houses of my patients. Bending over a patient to dress a wound or a fracture, could not be endured more than five minutes at a time. Indeed, I have repeatedly been obliged to stop once, twice, and sometimes thrice, in the midst of such dressing, and lie down upon my back for a few moments—the pain being too intense to be endured. And often, whilst bending over the table, in writing a letter, I would be seized with such intense pain that I have frequently been obliged to prostrate myself upon my back on the carpet, to procure ease. The recumbent position, it is worthy of remark, always afforded me relief. I was never afterwards able to ride on horseback, nor in any kind of carriage, comfortably, unless it had a back sufficiently high to reach the weak part. The palpitation of the heart continued at intervals. Ascending a flight of stairs, or a hill; any undue exercise of body, as well as excitement of mind, would induce it. This affection of the heart was pronounced by my friend Dr. Jackson, after a careful examination, to be hypertrophy of that organ, and by his advice, I avoided, as much as practicable, every

thing of an irritating or exciting character. At irregular intervals, moreover, I had violent attacks of neuralgia, in the nerves which originated at or near the injured part, which are always accompanied with a deranged state of the digestive organs. These attacks have always been relieved in two or three days, by the following treatment: First, I take two blue pills, each containing three grains, and after a few hours, half an ounce of Epsom salts, which operate freely; then have cups applied along the spine, which I have scarified, or use them dry, accordingly as the pain is more or less intense, and as my strength will or will not admit of the loss of blood. Subsequently to this, I take Dover's powder, or some narcotic, in sufficient quantities to subdue all pain. In the commencement of an attack, the operation of a cathartic alone has occasionally given me complete relief. Again, the application of cups has removed all pain before the operation was completed. But, in most instances, purging, cupping, and narcotics, were all necessary to procure relief. Again, I have the same disease in a more mild and chronic form, which is best overcome by counter irritation, Croton oil, &c., rubbed along the spine, over the nervous roots.

In the ensuing winter, finding that I was likely to be a permanent invalid, and that I was no longer able to attend to an extensive country practice, I determined to remove to Philadelphia, and subject myself to the embarrassing alternative of re-commencing my professional career.

Since that period, I have suffered at times from the affection of my heart, and from neuralgia, but, upon the whole, my general health has gradually improved, and both these affections are less troublesome. I have ceased to wear the laced jacket, the curvature forwards is certainly less, and the weakness at the injured part nearly removed.

Last summer, after suffering six weeks from chronic neuralgia in the neighbourhood of the old injury, without obtaining any relief, I determined to try sea-bathing; and accordingly, in the month of July, I proceeded to Cape May for that purpose. During my sojourn in that place, I bathed once or twice every day, and engaged in many active exercises, especially in rolling nine-pins. I took an excursion, moreover, across the bay, to and from the Delaware break-water, by which I was made horribly sea-sick. The bathing, or the exercise, or the sea-sickness, or all combined, completely removed my neuralgia in less than two weeks, and I have suffered very little from it since.

I had two young ladies under my care, affected with the same disease, both of whom returned wonderfully relieved.

In November last, I undertook to improve my anatomical knowledge by a course of dissection. In the afternoon of the first day, I stood in a bent position over the dissecting table, for three hours, and during the last hour, felt a good deal of pain in the back. After returning home, I had the painful part ironed with a hot flat-iron, as I fre-



quently do in slight attacks, and went to bed. After an hour I was perfectly relieved, and continued easy all night. I was now in a quandary as to the propriety of returning to the dissecting room, but concluded to renew my labour there once more. My sufferings on this occasion were much less, and, after ten days' daily labour of this kind, I could stand in a bent position over the table three or four hours at a time, without any inconvenience. The sufferings, in this instance, I believe, arose entirely from weakness in the muscles of the back. The long continued pressure upon them from the laced jacket, and the constant care of the injured part, had, in a great measure, destroyed their strength;\* and continued exercise restored them to their wonted vigour. I have never felt any weakness in that part since.

It is worthy of remark, that I lost, by this injury, three-fourths of an inch of my height, which was probably owing to the absorption of some of the intervertebral cartilages, and explains the disposition, after the injury, to anterior curvature. It is probable, now, that nature has thrown out a bony splint in front of the vertebra, that has relieved this tendency.

The history of this case is narrated, with the hope that it may give comfort to some valetudinarian who may be suffering from a similar injury, as, without controversy, "misery loves company."

#### REPORT OF THE TRIAL OF HENRY CHAUNCEY FOR MURDER.

HENRY CHAUNCEY, WILLIAM ARMSTRONG, *Botanical Physicians*, and WILLIAM NIXON, were indicted for the murder of ELIZA SOWERS, of Manayunk,—Chauncey as *principal*, Armstrong and Nixon as *accessories*, the latter *before*, and the former *after*, the fact. The trial took place during the January term of the Court of Oyer and Terminer of the county of Philadelphia, before Judges KING and RANDALL.

The Commonwealth endeavoured to prove that the death of the deceased was caused by Henry Chauncey's producing an abortion, at the instigation of William Nixon, William Armstrong being privy to the act, and abetting.

The deceased was unmarried, and between twenty-one and twenty-two years of age. She had formerly worked in the paper mill of Mr. Eckstein, of Manayunk, of which Nixon was superintendent; which she quitted on the 23d April, and went to live at service with a Mrs. Buddy. She left Mrs. B.'s, and on the 21st May, 1838, became a servant in Nixon's family, who was a married man with several children. Having scalded her feet, she went home on the 21st August, where she remained for two weeks, and then returned. She quitted Nixon's on the 15th September, altogether; and from that time till the 3d October, resided with her mother in

Manayunk. The girl was engaged to be married to a young man named Corman. Three months previous to her death she had "slighted him," but alleged no reason for doing so. Did not, however, break the engagement. She appeared to have borne a good reputation. No improper familiarity had been observed between her and Nixon at any time. Her sisters stated that she was regular when she went to Nixon's, but became irregular whilst there, which she attributed to cold. *Hannah Beersley*, a girl who lived with her at Nixon's, deposed, that the first week she came there she complained of giddiness in her head, for which she took magnesia. At several subsequent times she complained of pain and dizziness in her head, and pain in her neck, back, and breast. When she came back in September, she still was ailing. Whilst at home she was bled, took magnesia, and one and a half bottles of drops, at one dollar per bottle, to make her regular, which she got from a Dr. Conray; they were coloured, and looked like wine, and were sharp to the taste. She also took some kind of tea, of powdered roots. She said that they had had the desired effect. When she last came back from Nixon's, she took again these medicines. About a week or two before she went to Philadelphia, her sister, who slept with her, observed a discharge on her clothes when she got up in the morning. She asked her "if she had got to rights again,"—was answered "no, nor I don't think I ever will be." It was not copious, and she told the witness that it did not continue. Another sister saw the stain on her linen whilst she was washing it in the yard. Her sister Susan slept with her the night before she went to town, and observed nothing on her clothes. She saw her dress herself on the morning she went to town; she took no measures to protect her person. She dressed herself again at noon. Her appearance was enlarged when she left home. She left Manayunk on Wednesday afternoon in the cars for Philadelphia, ostensibly to visit her friends. She was then "well and hearty."

*Miss Adeline Chauncey, sworn.*—Stated that she was the daughter of defendant, and lived in Filbert street. On Wednesday afternoon, October 3d, Eliza Sowers came to her father's about 4 o'clock in the afternoon, and asked for him; was shown into his office. Some conversation took place in the office, but did not hear it. Heard her father say when they came out, "whatever is done in this matter had better be done speedily. I will return in an hour or so." The deceased came out of the office, and asked witness to go with her into the yard. She appeared healthy, but said that she felt bad, and complained of severe pains in the lower part of the stomach and back. Her person was protected. The cloth was very much soiled. Stated that she had been unwell that morning. In half an hour she went into the yard again alone. While in the yard she took a small phial from her bosom, and threw it in the vault. It contained a red mixture. She said that she had

\* This may afford a profitable hint to some of the young ladies who are destroying the strength of their muscles by pressure.



been taking it for two months. Father came in and asked her if she were able to take a walk. She said she felt better, and they went out together.

*Mary Kingsley, sworn.*—Lives in Shippen street, first court below Ninth. Have known Chauncey for more than a year. Brought a young girl to my house in the beginning of October. Called on me on a Wednesday afternoon, and asked me if I could take a young girl to board for three or four days. Said she had the bowel complaint. Said that he would pay me one dollar per day for her. Brought Eliza Sowers to my house that afternoon. I took them in the front room up one pair of stairs. He told me I might go down stairs. He remained there an hour. He then came down in the entry, and asked for a light. I handed him one, but did not go into the room. Chauncey came back after tea. He asked me if I had any boiling water. He gave me some medicine to make tea for her. He remained up stairs with her till 9 o'clock. I did not go up while he was there. At breakfast, next morning, Dr. Chauncey came in. He made me make some tea of a powder that looked like black pepper. He told me that I must get a barrel of coal and a furnace, and have things so fixed that he could get a fire handy in the night. He told me I must get some oil, and set it in her room. She continued well all that day, and did not go to bed. Chauncey came back in the evening, (Thursday,) and staid till 11 o'clock. After he left, asked her how she was; she said, very well. At 2 o'clock, the next morning, (Friday,) she called me. She said she was very bad. She said, "I won't take any more of that doctor's medicine; it will kill me." She had been purged. She seemed in a great deal of pain. She sent me for Chauncey. He came pretty soon. He told me to kindle up a fire as quick as I could, and boil a kettle of water. He then gave me some more powder to make tea of. When I took up the tea, he said, "you can go to bed now; I can do without you." He staid till morning. When he went away, I went into her room, and asked her how she was; she said, "about the same." He was there several times on Friday. She was sick at her stomach during the day, and threw up. On Friday evening, between 6 and 7 o'clock, I heard her groaning. She said she was very bad. While I was sitting with her, Chauncey came. He told her to get up, and sit on the edge of the bed; he told her to sit out as far as she could. He told her to lean on me. He did to her what doctors do to women when they are confined. He then washed his hands. He picked up something off the washstand, which shined and looked like a knitting needle, and wiped it. I put her to bed while he was washing his hands. He then said, "Eliza, you won't want me till morning." She had pains off and on all day. He came very early Saturday morning. Her pains continued. I went down stairs. When I came up again, he was leading her up and down the room.

[It would appear from this witness's statement, that hæmorrhage, to a great extent, took place at this time. The particulars are too offensive to transfer to our pages.]

In an hour's time I came up stairs again; he was getting her into bed. I asked him if the woman was confined; he said, "yes; she is over it." I did not see the child. When I asked for the child, he told me that it was against the rule. I had to change my frock, because it was so much stained. Before he went away, he gave me some more of the same kind of tea as before to make. He went away at noon. During his absence, she had pains. He did not come till near night. Told him of her pains. He said he had not got the placenta. Said that it would not do to force it—it was against nature. Said she was the most difficult person he had ever operated on. Said the medicine he gave her was too powerful, and had acted too quick. Staid with her all night. On Sunday morning she told me that he had got the placenta, and that she had suffered much whilst he was getting it. On Sunday she hadn't much pains, and didn't seem very bad. On Monday she was worse. When I went to change the bed clothes, Chauncey said I must be very particular, and let none see them. Said I must not tell any of the neighbours that she had been confined. On Monday afternoon she was in a good deal of pain. She said, for the first time, she'd die. She was so bad, that I was going for Dr. Henry, because he was near, when Chauncey came in. I told him she had fits. He said she was subject to them, and that he'd soon have her over them. He gave her some powder. She seemed easier. I think he staid all that night with her. She never from that time seemed free from pain. On Wednesday I saw Chauncey draw her breast. She wanted to be taken away. She wanted to see her mother. Said she would die without seeing her. He took her away on Friday afternoon in a carriage. Said he was going to take her home. Nobody but Chauncey visited her at my house. On the day Chauncey took her away, he used a catheter to draw off her water.

*Elizabeth Hubbard, sworn.*—Have known Dr. Chauncey for better than a year. He came to my house in Eleventh street, below Pine, on a Friday afternoon, and asked me if I would take a young lady to board. He brought her in a carriage. She was very poorly; she was helped out of the carriage. When she came to the stairs in the entry, she said she would faint. We got her up stairs. The doctor was with her, and put on her night-gown. He gave her a powder. She moaned a great deal. She became very cold, and we put hot bricks to her feet. She was very bad all night; I sat behind her back, and held her up all night. The doctor remained all night. She complained next day a great deal. I sent for Dr. Rush. He said he could not come, unless Chauncey was willing. Chauncey said yes. Dr. Rush came. On Saturday morning, she told me that she would die. There



were no discharges then from her. She said she'd die if she didn't get another doctor, before Rush came. She was removed from my house between 2 and 3 o'clock, on a settee. Eliza told me she had taken oil of pennyroyal; she also said the oil of tansy. Said she took them before she came from Manayunk. Said they made her feel very sick before she left home. Said she took a bottle of the oil of tansy, and one and a quarter bottles of pennyroyal as long as her finger.

*Dr. James Rush, sworn.*—I was called to see a young lady in October last, at Mrs. Hubbard's. Was told that she was under the care of a Thomsonian practitioner; that she wanted a general consulting physician. Refused to go until Chauncey was apprised. Messenger returned and stated Chauncey had no objection. I arrived at the house about 10½ o'clock. Was shown into the back room, third story; when the door was opened, beckoned Chauncey to come out. We went into the front chamber, second story. Chauncey told me that the girl had been under his care for some alimentary disease, and that he had given her magnesia and rhubarb. I said, from some information I received from the inmates of this house, I learn that she has miscarried. Chauncey answered, "if she has, I know nothing of it." We then went into her chamber. I was in the house one hour and a quarter. At the expiration of three quarters of an hour, Dr. Chauncey left. When I entered the room, the first glance showed me that she was dying. I found her with a livid face, wild, staring eye, great restlessness, jactitation, anxiety, and difficult respiration; sighing, moaning, and exclamations of agony; her abdomen was very much swollen, and hard and tender to the touch; her extremities cold, and she was pulseless; she had her perceptions about her. I asked Chauncey to retire from the room with me. I said to him, when the door was closed, I think this girl is dying. He assented, and remarked, I should like her removed from this house. I observed, that from her condition, I was afraid that she would not bear it, and that she might die in the street, but added, you have been more with her, and are her physician, and can do as you like. He said no more. Did not urge her removal, but seemed anxious that she should not die in that house. From her exhausted condition, I proposed to give her some wine; she took six or seven glasses; this was the only treatment she got while we were there together. We then went back into the room, and passed some time. She made one or two exclamations, and some answers to questions. I asked her if her mother knew that she was sick; she said, "she don't know that I have had a child." I then asked her if there had been much loss of blood; she said, "yes, when the after-birth came away." She exclaimed, when Chauncey and I were at her bed-side together, "How could you say that you would raise me in five days?" I am not certain that Chauncey answered to it at that time or not, he hoped to

have done it. By this time the girl appeared to have lost nothing, and thinking that she might live a little while longer, I said, "Doctor, I think we might now risk the removal." We arranged that she should be carried horizontally on a settee. The Doctor then left me, to procure porters and a settee. I had then not changed my opinion about her being in a dying state. She was more quiet. I acceded to Dr. Chauncey's suggestion, to remove her on account of the character of the house. I requested Dr. C. to send to the parents, to which he assented. When he returned with the porters and the settee, I asked him if he had seen her parents, or Nixon, whom I supposed was her cousin; he said no, that he had not had the time, and appeared to regret not having done so. The remainder of the time was occupied in getting her ready to remove her. She requested me to visit her. They told her that they were taking her to Chauncey's house, to which she assented. I was not able to get to Chauncey's house until about three o'clock. I asked if a sick girl had been brought there. I was answered that she had died about half an hour before. Was invited up, but declined. Could not say what her own views were as to the result of the disease. She did not seem to be under any impression whether she was going to live or die. She seemed totally absorbed in her sufferings.

The Attorney General, (William B. Reed, Esq.) now proposed to ask Dr. Rush what passed between him and Eliza Sowers, during Chauncey's absence. The defence objected, and after some argument, the Court ruled that, in this case, the dying declaration could not be admitted as evidence.

*Examination of Dr. Rush, continued.*—Had two interviews with Chauncey subsequent to parting with him at Mrs. Hubbard's. One was at three o'clock on the same day, at his own house, he coming in while I was there. I said, the poor girl is gone. He said, "yes." I said, this will be a serious business, Doctor. He answered, there is nothing in it to criminate me. I said I thought appearances would be very much against him. I think he then asked me if I could criminate him. I said, you told me that you were an innocent man in this matter. I said, they tell me that you are a Thomsonian; he said, I am a botanist. I said, you are still a physician. I said, this affair may undergo a judicial investigation; if it does, I shall feel called upon to tell all that I know. I then remarked, you may remember the girl said that she had had a child, which proves that she had one; you may remember, also, that she asked you how you could promise to raise her in five days. I also drew his attention to her saying that she had lost a good deal of blood when the after-birth came away. To this, he said something like a placenta came away from her. I then said that the girl had said in his absence, that she thought he (Chauncey) would have pulled the life out of her. I told him that it was his duty to inform her family of it, (this was while the corpse was



in his house, on Saturday, the 31st of October,) and to tell them all the facts connected with it. I next saw Chauncey on the day he said the body was disinterred; he called on me at my house. When he came in, I asked what was the state of this affair, and how it was settled. He answered, that agreeably to my advice, he had gone out, and that the interment had taken place. He added, that the impression had got about in Manayunk, that the girl was in the family way, and that he understood that her friends were going to have her taken up and examined. I asked him if he had told her family of her having been in the family way. He said not. I said, now the whole secret of the girl's state will be developed; I said, you must do another way; you say that you are an innocent man—act as if you were one; go and inform the family of every thing you know about it—of every and any thing. I advised him even to go out and be present at the post-mortem examination, and to tell them all about it. He seemed backward to take this advice, and after a little while, said, "I cannot—I have given a certificate to a contrary opinion." I was surprised, and asked him the nature of it. He then wrote on a paper that he had declared that the girl had not been in the family way. I exclaimed at it. He said he gave it at the beginning of the case, to spare the feelings of the family. I said to him, nevertheless you must go, and tell them that you did it under that motive. He then said, sir, but I have given it and sworn to it before a magistrate. I answered, that is still worse; you will have to tell some time; you had better even go now and tell them. I talked to him in my office for one hour and a half. He seemed impressed with the impropriety of his conduct, and said he felt better, and appeared willing to go out and tell the family.

*Cross-examined.*—When Chauncey was absent at Mrs. Hubbard's, I heard Eliza exclaim, "Oh! what I had to go through." She exclaimed again what I repeated, "I thought he'd pull the life out of me." She told me that Chauncey had taken her to a house where she could not rest for the noise that was going on in it. Her remarks were very unconnected. She said that her mother knew nothing of her situation; that she had been put under Chauncey's care by Nixon. Said that she was in her fourth or fifth month of pregnancy. She said Chauncey had given her medicine which had made her sick and vomit—that she vomited very much in the carriage, and that the medicine he gave her set her bowels on fire. She called on me frequently to relieve her, and once said, "cut me open." Death is not often accompanied with the agonies this girl suffered.

*Dr. W. M. Egbert, sworn.*—Am a practising physician in Manayunk; was present at the disinterment of Eliza Sowers, on Saturday, 20th of October. I was assisted by Dr. Jonathan Clark. We found no decomposition; we opened the cavity of the abdomen and examined its contents; found the uterus very much enlarged

and thickened in its coats, and the greater part of the internal surface of the uterus exhibited a bluish black appearance, similar to that of gangrene in the first stage of mortification; the mouth of the uterus was considerably dilated, and there was there a slight laceration, as we thought. The whole tract of the vagina, together with most of the internal organs of generation, exhibited an appearance similar to that of the internal surface of the uterus. There was a secretion of serum in the cavity of the abdomen, and there was a deposition of flocculi in the serum, similar to that which we may expect to see from peritoneal inflammation. There was a kind of seminal (?) deposit on the intestines, and in the peritoneum, the result of inflammation. We opened the stomach and found it quite in a healthy condition; and so far as we examined the intestinal canal, we found it likewise healthy. We made incisions into the left breast, out of which the milk flowed freely. The areola around the nipple was coloured, or had changed in its colour from the ordinary rose which characterizes the unimpregnated state, to a dark brown, which indicates pregnancy. On the anterior superior part of the fundus of the uterus, there were plain marks of the attachment of a placenta. From the condition in which we found the uterus, we concluded that she had been pregnant. On the Thursday following the Saturday I have spoken of, Dr. Meigs and myself made a more extensive examination of the uterus and abdomen; the results coincided with the former one. On taking hold of the breasts that day, we could draw out the milk, and pump it in jets. We did not open the head—examined it by taxis (?); do not believe that there was any disease there. In examining the lower extremities, we found a mark of blood on the heel, and a spot of blood on one of the stockings. We traced the intestinal tube, and found no marks of inflammation; from the general appearance, we inferred it to be healthy. From these examinations, I have no doubt that the woman was pregnant. There can be but one opinion in the matter. The peritoneal covering of the uterus was but slightly inflamed. Post-mortem examinations have proved, that in many patients who die from peritoneal inflammation, there are no signs after death. (!) From the appearance of the vagina, uterus, and other organs of generation, I believe that there had been some undue manipulation by the hands or instrument. The fœtus had been delivered by apparent force. It is a common consequence for peritoneal inflammation to result from such force, or any injury done to those parts. The period of gestation was about five months, or a little longer. I saw adequate cause of death from the appearances of the uterus, vagina, &c. Such appearances and results would be likely to follow from abortion by external mechanical violence. Violent emmenagogues would produce some of the appearances. I do not think the same appearances would follow from any chemical means; my reason is, because at that period of gestation, the



presence of the fœtus would not produce the same appearance in the neck of the uterus. The wound looked more like an incision than a laceration. It might have been produced by a cutting instrument, although it might be from laceration. The size of the uterus was about six inches long, and four and a quarter inches wide. I extracted the uterus then, and have it now preserved in spirits. The womb, unimpregnated, is two and a half inches long, and one and a half wide at the fundus. I showed the uterus to Dr. Meigs at the second examination; it had then undergone a change—it was shorter and narrower. The coats were not any thinner, but changed from the loose, flabby appearance when it was first examined, to that of a condensed and hardened appearance. A great portion of the black on the vagina and the uterus had been taken off, and were then in a situation more resembling the settling of blood in the part. Shreds of the placenta were adherent to the fundus of the uterus. The spot of attachment was about one, or one and a half inches in diameter, and over that space there were shreds of one-eighth of an inch. The stomach would have shown marks of irritation, had the abortion been produced by chemical agents. Quickening takes place from the third to the fourth month. Savin is supposed to have a specific influence on the uterus.

*Cross-examined, by David Paul Brown, Esq.*—Savin has a greater or less effect upon the stomach, but in a less degree a specific effect on the uterus. Its action is on the general system first, and secondarily on the uterus. Its action would be apparent on the stomach and intestinal tube, if taken inwardly. It acts on the kidney and urinary organs. In appearance, there was a deposition of coagulated lymph. I never saw a case of abortion by savin. I never dissected a patient who had taken savin. I have no knowledge that can be relied on as to the action of savin. I have given savin occasionally in cases of rheumatism. I should suppose it possible to produce death. There are some traces on record where death might be produced, and leave no traces behind. I think savin does not corrode the stomach, but engorges the vessels of that organ. It operates directly on the nervous coat of the stomach. So do all stimulants which have a specific and peculiar action on the uterus. Savin would show its effects on the intestines, especially on the rectum. More on the rectum than on the stomach. I examined the intestines externally. There might be death from poison, and yet no trace be left on the external surface of the intestinal tube. The reason that we did not examine the lower part of the alimentary canal was because we found the stomach so healthy. Our question was, pregnancy or not. I took up the uterus, and showing it to Dr. Clark, said, "there is the uterus." Said he, "that cannot be, it looks more like an inflated bladder." Our second inquiry was, how abortion had been produced. Our third inquiry was, the cause of death. We did not examine the head and brain; their appearance was healthy.

We had a superficial examination of these organs, which was sufficient, when we saw ample cause of death elsewhere. The patient died from peritoneal inflammation. I have been present at the post-mortem examination of two or three pregnant women. Mortification cannot take place after death. It commences in the most vulnerable [?] part. Mortification during life would most probably occur in the seat of the disease. Mortification will more speedily take place in the part affected. There may be signs of disease of the brain without external signs after death. I have attended a case of abortion besides this. I know no reason why the placenta remaining in the womb should produce these appearances. I have known portions of the placenta retained for weeks or months without bad effect. I have known the whole of the placenta retained for a week after birth. The depth of the laceration was from one-eighth to a quarter of an inch; length from a quarter to half an inch. Lacerations and incisions would produce inflammation as a natural consequence. I do not know whether the removal of a fœtus of five months would produce laceration of the os uteri. I have heard repeatedly of laceration being produced by a regular attempt at removing the placenta. Milk, or something like it, may be found in the breasts of those who are not pregnant. Inflammation of the stomach might produce peritonitis. The resumption of the menses in a pregnancy of five months would not denote abortion. There are exceptions to the general rule. Danger is to be apprehended from a discharge. It is a matter of no difficulty to arrest uterine hæmorrhagy. Peritoneal inflammation might produce abortion.

*Dr. Jonathan Clark's* evidence was to the same effect as *Dr. Egbert's*, just detailed.

We may remark, in conclusion, that Charles Corman deposed that he had had no illicit intercourse with the deceased at any time, and that up to the time of her death he was willing to carry out his engagement with her, and had no suspicions whatever of her situation.

*Verdict.*—Chauncey, guilty of murder in the second degree; Nixon and Armstrong, not guilty.

—  
*Case of Lacerated Wound of the Thorax.* By  
GEORGE TOMLINSON, M. D.

On the second of October, 1838, I was called to see E. D., aged twenty-three, a house carpenter, who, while standing on the roof of a house, a story and a half high, putting weather-boards on a two story part adjoining, fell on a pale fence, (a few feet from the house,) in such a manner as to bring the left arm on one side, while his body went on the opposite side of the fence; one of the pales penetrating the axilla, and passing upward, in a somewhat anterior direction, escaping the axillary plexus, and entering the chest just above the first rib.

An hour had elapsed from the receipt of the injury before I arrived, and there had been but very little hæmorrhage from the wound. No expectoration, and but little inclination to cough;



the countenance very pale, and the pulse considerably depressed, dyspnœa, was obliged to have his shoulders very much elevated. On raising the arm, I found the air passed readily through the wound, in and out of the chest. Wishing to avoid this, as much as possible, I made no further examination than was necessary to remove a leaf which had been carried into the wound, from a peach tree which hung over the fence; after which, I dressed it with adhesive plaster, and gave an opiate.

In the evening I saw him again. Pulse more full; dyspnœa very distressing. The rattling of the air in the chest could be distinctly heard, and, to use his own expression, he was "obliged to change his position, frequently, to remove the wind, or he could not breathe."

3d. Less difficulty of breathing, pulse natural—gave a laxative.

4th. Better.

5th. Dressed the wound; the internal edges had healed.

6th. Four days after the accident, was removed home, four miles, without any injury.

He could not lie in a recumbent posture for ten or twelve days. The regimen, for the first few days, was strictly antiphlogistic. No symptoms of inflammation occurred, and in a few weeks the wound was entirely healed, leaving no unpleasant consequences whatever.

Roadstown, N. Jersey, Jan. 24th, 1839.

*A Case of Delirium Tremens, with Remarks.* By G. MENDENHALL, M. D., of Cleaveland, Ohio.

Cleaveland, (O.) Jan. 24, 1839.

To the Editors of the Medical Examiner.

GENTLEMEN,—The lecture of Dr. B. H. Coates, on Delirium Tremens, delivered at the Pennsylvania Hospital, January 2d, and reported in your Journal of the 12th inst., has brought to my mind a case which I will relate to you, hoping that it may possess some little interest.

O. F., aged 52, of intemperate habits for some years, was attacked, about the first of March, 1837, with delirium tremens. On the 7th of March, I was called to see him, with a physician who had been some days in attendance; and, as far as I could gather from him, the treatment had consisted of gently opening the bowels, putting a blister on his back, and giving about one grain of opium every three or four hours. At this time there was violent delirium, and the other usual symptoms of delirium tremens, with a *full and bounding* pulse. I proposed venesection, which was objected to by the attending physician; and in consequence of this, the case was left to my sole management. I immediately abstracted sixteen ounces of blood from the arm, ordered two grains of opium every two hours, revulsions to the feet, and repeated the blisters between the shoulders.

March 8th.—Had rested better the night previous, and slept a *little*. Ordered a continuance of the opium, in doses of three grains every three hours.

March 9th.—More delirium; no rest the night previous; constantly harrassed with the idea that the house was falling on him, and with difficulty could be retained in bed: sweat profusely. I increased the opium to four grains every three hours, and in addition sixty drops of laudanum every four hours.

March 10th.—Delirium increasing, and the pulse rather flagging. Ordered some cathartic medicine, which operated well, and continued the opium and laudanum.

March 11th.—No better, and the patient growing weaker. I then commenced with laudanum ʒij. every half hour, and increased it in quantity, closely watching its effects every hour, until I had given him four and a half ounces of good laudanum, in a period of twelve hours. Even this produced no sensible effect, except it might be to make the pulse a little slower, the delirium continuing about the same. What was then to be done? "The patient must sleep or die." I procured some Cogniac brandy, of a good quality, and at once gave him a gill; in one hour I repeated it; this quieted him slightly. I next gave him ten grains of opium, and in about one hour he fell asleep, which lasted about fourteen hours. When he awoke, his delirium had almost disappeared, and the patient soon recovered.

The above case has interested me: 1st. From the fact that I thought the pulse indicated bleeding, and which was now followed by some cessation of the delirium; but whether it was of any permanent benefit or not, I cannot say. The patient did not, however, die, and the symptoms at the same time were improved. 2d. The great insensibility of the system to opium. 3d. From the sensibility being increased by the use of brandy and the prompt and favourable action of opium after its exhibition.

Yours, with respect,

GEORGE MENDENHALL.

*Case of Lumbrici in the Cavity of the Peritoneum.* By N. L. THOMAS, M. D., of Tennessee.

I was, in 1836, called to see a negro child, about three years old, labouring under the usual symptoms of enteritis. The disease was so far advanced that no remedies produced any effect, and the child died in about twelve hours.

*Autopsy.*—The small intestines showed very marked inflammation; but the interesting part of the examination was the discovery of eight lumbrici in the cavity of the abdomen. Five of them were of the largest size, the other three small. They were almost entirely entangled in a tough mucus. After removing them from the surface of the liver, a track was seen similar to that left by the common earth worm in passing over very soft mud. At least half of their circumference had been bedded in the liver, producing, however, no other altered appearance in its surface. No perforation could be found in any portion of the intestinal canal. I presume, from the track they had made in the liver, that their escape from the intestines, (if it had occurred at all,) was not



of recent date. There were only two worms in the cavity of the tube. It may be a question of some interest to inquire, how far these worms were active in producing the enteritis. There are, however, no means of ascertaining this fact; and I shall leave each one to draw his own conclusions, having stated the facts.

*An Answer to Dr. KLAPP'S "Remarks on Delirium Tremens."* By B. H. COATES, M. D.

To the Editors of the Medical Examiner.

Philadelphia, Jan. 28, 1839.

GENTLEMEN—When I parted from Dr. William H. Klapp, in conversation, a few days since, upon the subject of his practice in delirium tremens, I was far from imagining that any appeal to the public was in contemplation, or indeed that any offence had been given. Indeed, I understood that gentleman to invite me to visit his patients at Moyamensing Prison with him.

And yet, when I look at the phrases at which he takes exception, I am unable to discover where the injustice lies, or where I have charged Dr. Klapp with "an error in diagnosis," frequent though such things be.

Will it be believed that, absolutely, *every word* I am represented as saying about him, in your printed account of my lecture, is comprised in the following two sentences? "I am informed that Dr. William H. Klapp employs emetics very successfully in the Moyamensing Prison. I understand his cases include a large portion of instances of recent drunkenness."

Now, Dr. Klapp states that "the cases in question did not immediately arise from drunkenness, but occurred chiefly after the lapse of from three days to a week's incarceration, and entire restriction from alcoholic drinks;" that "the cases originate under his immediate notice, and consequently he is afforded a favourable opportunity of resorting to medical means in their early stages." "The disease, too," he thinks, "is more frequently met with in a distinct, uncomplicated state, than in the other institutions of our city, and of course more readily susceptible of relief."

Now, Dr. Klapp will excuse me if I ask, in common sense, where is the difference between all this, and "his cases including a large portion of instances of recent drunkenness"? It appears to me to consist in the admission, by Dr. Klapp, that they are *all* cases of recent drunkenness.

In fact, it is or might be familiar to the whole city, that the cases brought to Moyamensing Prison are not brought there for delirium tremens at all, but for vagrancy or crime charged against them; that among these, delirium tremens, at the moment of admission, must be infrequent, while actual drunkenness is very frequent.—Dr. Klapp informs us that the severe rule of the prison frequently generates delirium tremens after admission. It is therefore evident that the individuals thus suddenly arrested in their career of debauchery, must, when they are affected with

delirium tremens, be considered as labouring under "first attacks," and must differ widely, as Dr. Klapp observes, from the seventh, fourteenth, and twentieth attacks, so frequent at our hospitals.

The amphitheatral lectures at the Pennsylvania Hospital were got up with the sole and undivided view of discharging a duty by rendering the service and other advantages of the house as useful as possible to the gentlemen who have confidently come there, many from a distance, in pursuit of medical knowledge. It is within the recollection of many readers of the Medical Examiner, that they were clamorously called for. I am so happy as to know that they have, in general, met with the approbation of the parties concerned, and as far as I am interested, of my own conscience. I do not, therefore, wish to be lightly turned aside from this task, to be drawn into public controversy respecting them, or to be placed in the somewhat undignified posture of a man comparing the success of his own practice with that of his neighbours.

I am, gentlemen, with much respect and esteem, &c. &c.

B. HONOR COATES.

## THE MEDICAL EXAMINER.

PHILADELPHIA, FEB. 2, 1839.

We publish to-day the medical evidence delivered in a late criminal trial, with the more important details of the history of the case. We propose to offer some remarks upon the character and value of the necroscopic portion of this evidence. With this view, the attention of our readers is asked to a consideration of the questions, whether, from the testimony of the gentleman who made the autopsy, the facts were established,—1. Of recent delivery. 2. That abortion had been produced—and by violence. 3. That there was adequate cause of death in the uterine appearances.

### 1. *Were there conclusive signs of recent delivery?*

On this point the statement of the witness was, "that, from the condition of the uterus, there could be but one opinion on the subject—that the deceased had been pregnant." From this opinion, founded on a mere examination of the uterus, we must dissent; all or any of the appearances detailed, may have been the result of disease. It is to the appendages of the uterus, particularly to the ovaries, and not to that organ alone, that we are to look for irrefragable evidence, in cases of doubtful pregnancy. If a genuine corpus luteum be found in either ovary, the question may be regarded as settled, though we are still



bound to note the condition of all the other organs. In the present instance the ovaries are not even alluded to, nor is mention made of the condition in which the ligaments, fallopian tubes, abdominal integuments, or external organs of generation were found. The appearance of the areola was adduced in proof of the fact of recent pregnancy. The witness stated "that the areola had changed its ordinary colour in the virgin state, to the dark brown, characteristic of the impregnated state." The change in the colour and size of the areola is, however, generally conceded to be a very fallacious sign of pregnancy. In fact, the change in colour is a much less constant and appreciable accompaniment of pregnancy, than the tumid appearance of the areola, and the turgescence of the papilla itself. But the sympathy of the mammae with the uterus is often either totally absent, or very feebly developed. In genuine blondines, and brunettes, the areola rarely undergoes any appreciable change. It is, moreover, well known that the changes in colour and size, attributed to the areola during pregnancy, are simulated in organic and functional diseases of the uterus; and a late authority, Prof. Hohl, of Bonn, states, that this change occurs in certain females, at every catamenial period. In the present case, it must be borne in mind, that the sign in question was observed after the body had been a week inhumed. At this time, its value,—if it ever possesses any,—must have been materially impaired. No greater importance is to be attached to the lacteal secretion, than to the change in the areola, as an indication of pregnancy. Its occurrence we are disposed to consider as much more frequent, in cases of uterine disease and irritation, than is commonly admitted. None of the autopsic phenomena developed, we are bound to express our conviction, authorized the *judicial* opinion, that a recent delivery had taken place. How the witness was enabled to determine the age of the fœtus, from a cadaveric examination of the female organs, we cannot understand.

2. *Did the autopsic evidence establish the fact that abortion had been produced by violence?* The appearance of the uterus did not warrant the conclusion that there had been premature delivery. The dimensions of the uterus were such as we might expect to find them, at the same period after delivery at term. Admitting, however, the fact of premature delivery to be established by other testimony, the important question presents itself,

was there evidence of undue manipulation in the extraction of the fœtus or placenta?

The witness stated that he found "the whole internal surface of the womb and vagina of a bluish-black appearance, as were also the internal genital organs, which, in his opinion, indicates the existence of gangrene." A dark pulpy condition of the lining membrane of the uterus is to be met with, in almost all cases of death after recent delivery, "so that the uterus is thought to be *gangrenous* by those not aware of the circumstance."—(*Burns.*) The appearance of the uterine appendages, too, is a dingy purple. When the internal surface is cleaned, the mucous membrane beneath will be found of natural colour and consistence. This effect followed the immersion of the womb in spirits, in the present case. After the expulsion of the after-birth, the uterus, in favourable cases, contracts to the size of the fist, and is to be felt a little above the pubes. This is its first action; relaxation now commences, and gradually continues, until the uterus nearly reaches the level of the umbilicus; permanent contraction now commences, and proceeds until the organ regains its unimpregnate size. During this temporary enlargement, its parietes again become soft, and its vessels are filled with blood. It is while the organ is in this condition that the lochial discharge probably takes place, and this ceases when its maximum of contraction occurs. In this state of relaxation, its cavity must contain more or less blood, though not enough to cause alarming hæmorrhage; and hence, in examining women who have perished in child-bed, we must expect to find the internal tunic of the womb coated with a dark, grumous fluid. The appearance of gangrene would be altogether different. The existence of a laceration at the mouth of the uterus, is an item of some importance in the evidence, and would have warranted, perhaps, the witness's statement, that he believed undue manipulation had been exerted, provided the other facts elicited were corroborative. But we feel bound to meet with a direct negation, the assertion, that such an inference was warrantable from the "appearance of the internal coat of the uterus and vagina, and of the internal organs of generation," if they were accurately described by the witness on the trial. We may remark here, that the opinion and experience of the witness, on the risk of retained placenta, are in direct opposition to those of the best obstetrical writers.

3. *Was there adequate cause of death in the ute-*



*rine appearances?* "I saw adequate cause of death from the appearance of the uterus and vagina."—(*Testimony*, page 75.) The narration of the witness is, on this point, neither full nor explicit. There appears, however, to have been peritoneal inflammation, to which we are disposed to ascribe the immediate cause of death. On what did this peritoneal inflammation depend? Was it the result of the laceration at the neck of the uterus, or was it the consequence of intestinal perforation? From the medical evidence, we can only conjecture that it was secondary to the uterine injury, but we have no positive proof that it did not result from perforation of the intestines. The witness did not examine the intestines or rectum, because he found, on a superficial glance at the stomach, that it presented nothing remarkable. One of the counts of the indictment was for the administration of poison, but it was abandoned, from the imperfect autopsic examination. Her own family deposed on the trial, that she had taken medicines to make herself regular, some weeks before her death, and we have her dying declaration that she had taken oil of tansy and pennyroyal, a short time prior to coming to the city. That these took effect, though probably not to an injurious degree, is to be inferred from the deposition of her sisters, that, after using them, she had some bloody discharge from the vagina. How far they were implicated in the final event, we do not pretend to say. The assertion of the witness, that peritoneal inflammation may exist at the time of death, and no trace of it be found upon a post-mortem examination, is incorrect.

The importance of scrupulous minuteness in the performance of judicial autopsies, is forcibly illustrated by the case under examination. From negligence in this particular, many well deserved professional reputations have suffered, both with us and abroad. But the evils which may result from such negligence, are too serious and positive to permit us to pass it by unnoticed. When life and liberty are at stake, every point that may elucidate the subject, *must* be thoroughly investigated. "It is not sufficient to bring proof against the prisoner; it is the duty of the prosecutor to bring the best proof that may be procured; and if any such proof be neglected, the prisoner is entitled to argue that it did not exist; for example, in the present case, that the ovaria were examined, and that no corpus luteum was found, and that all the appearances of pregnancy proved nothing." This is the language of high medico-legal au-

thority,\* commenting upon a case parallel to that under notice. Fortunately, in the present instance, there was abundant evidence to elicit the truth, independently of the testimony upon which we have commented. But, in the absence of a dying declaration, of the admission of an accomplice, and of the confession of the prisoner himself, his guilt could not have been established. The evidence educed from the autopsy, proved neither the fact of pregnancy, nor the cause of death.

We shall conclude with a brief abstract of a highly important and interesting trial, which inculcates more strongly than any argument we might adduce, the solemn importance of thorough necroscopic examinations in all cases which may become the subject of judicial investigation, showing, as it does, how totally the ends of justice may be defeated, by the carelessness and ignorance of medical men. Not only are direct hindrances thus opposed to the due administration of the laws, but the physician exposes himself to contempt and derision, and degrades his profession in the public eye.

Charles Angus, Esq., was arraigned at the Lancaster Assizes, England, in 1808, for the murder of Miss Burns, in attempting to procure an abortion by the administration of oil of savine. The prosecution failed to establish the recent delivery of the deceased, and the prisoner was necessarily acquitted. All the signs of recent parturition which were present in Eliza Sowers, were also found in Miss Burns, and the autopsy was conducted by several highly distinguished men. Dr. Carson, the medical witness for the defence, contended that the condition in which the uterus was found might have resulted from the expulsion of hydatids, and as no infallible test of pregnancy was offered by the prosecution, they failed to establish this primary point.

*After the trial* the ovaria were examined, and a genuine corpus luteum was discovered; certificates were then obtained from the most celebrated medical men in London, to the effect that they considered the fact of an advanced stage of pregnancy at the time of death incontestibly proved. This opinion has been confirmed by all recent writers on Forensic Medicine who have noticed the case. Had the gentlemen who were first called discharged their duty, undoubted guilt would not have been permitted to escape, nor

\* Edinburgh Medical and Surgical Journal, volume 8, page 229.



their profession have suffered in public estimation.

We propose considering in a subsequent number the interesting subject of medical evidence.

## CLINICAL LECTURE.

### PHILADELPHIA HOSPITAL.

#### ON PNEUMONIA.

*Saturday, Jan. 5th.*—Dr. GERHARD remarked—Gentlemen: You will find no subject more interesting than pneumonia, and you will meet with few that offer greater difficulties. I mean, that the disease assumes so many different forms, and presents so many complications, that it gives rise on many occasions to great embarrassment, and often baffles completely the tact of the most careful observers. In its simple form, when it occurs as idiopathic pneumonia, no disease is more readily recognised; but when the affection assumes a character which is somewhat anomalous, the ordinary signs of the disease are in a great measure concealed, and the symptoms which indicate lesions of other organs complicating the original disease, become more prominent than those of the lungs.

You will not, however, be interested in the study of pneumonia only because the disease is at times of difficult prognosis, but because its complications have a most important influence upon its ratio of mortality. It is comparatively free from danger when it occurs in adults who do not labour under any unusual state of ill health; but it becomes of great gravity, and is often mortal, in the young, the aged, and in those who are enfeebled by previous disease. Hence pneumonia is always a disease which should excite the most lively solicitude when it occurs in individuals placed under these unfavourable circumstances.

Besides the unfavourable influence of those causes which enfeeble the strength of the patient, you will find that pneumonia, when it occurs in patients of a robust constitution, and enjoying a full share of health, may present unusual severity of symptoms, and prove extremely mortal. This arises, in most cases, from the character of the disease, as influenced by the epidemic tendency of the year in which it occurs; hence, in our inquiries into the history of the disease, we shall be obliged to compare the cases which occur in one year with those previously observed, or we should be led towards very erroneous conclusions. In one year pneumonia may be frequent, but the cases may be of the simple inflammatory kind, and remarkably exempt from complications. Such cases yield an insignificant proportion of fatal cases. In another year, you may find the whole character of the disease, as it were, changed. The simple inflammatory, or sthenic cases become rare, while those which are termed asthenic, and sometimes differ but little from gangrene of the lungs, become much more frequent; in a third year, the disease may be

characterized by the extreme violence of the cerebral or abdominal complications.

Within the last five years, I have seen illustrations of all these varieties of the disease. Thus, in the winter of 1834–5, the disease was sthenic, and very free from complications. In the next year, it was less prevalent, and many cases were marked by great prostration, and the mortality was proportionably greater than it had been in the previous year. At the end of the winter, typhus fever appeared in the city of Philadelphia, after having entirely ceased for several successive years. In the winter of 1836–7 inflammatory pneumonia was again very prevalent, and offered more complications than it had previously done, that is the brain, and other organs, were frequently inflamed, but asthenic cases were much less frequent than they had been the previous year. In the year 1837–8, the disease became comparatively rare, and was almost exclusively confined to the spring months. The season was remarkable for its healthfulness, and pneumonia prevailed as little as other severe diseases. In the present year the disease has been rather frequent, but it is especially interesting from the number of its complications, which are, for the most part, of an acute inflammatory kind. Of these, arachnitis has been the most common and the most important.

I have alluded to the course of the disease for the last five years. It would, however, have been easy to extend my inquiries through a much longer period, if I had retained as perfect a recollection of the epidemics of previous years. It is enough for my present purpose to point out some of the varieties of pneumonia, and then we can proceed to study them in succession.

James Brown, æt. thirty-eight; entered Dec. 27, 1838; born in Ireland; in America fifteen years; labourer; intemperate. Taken ill on the 19th; was then at work on Valley Road; was in a shanty; first taken with cough and cephalalgia; had a slight pain at first in breast, not localized, and confounded by him with the general soreness. Expectoration from beginning, he thinks, as since his entrance.

The intelligence of the patient was not sufficiently developed to furnish more complete details.

The patient had been cupped on the 27th, and placed upon an expectorant mixture, consisting of the syrup of Tolu, and of senega, of each  $\mathfrak{z}$ iss., of tartarized antimony gr. iss.

Intense bronchial respiration at the root of the right lung posteriorly, in the extent of about three inches, with bronchophony and crepitant rhonchus extending to the axilla, and nearly to the top of the lung. The part where the bronchial respiration is most evident, is surrounded with a border of crepitant rhonchus, very fine and well characterized. Flat percussion and bronchophony corresponding with the bronchial respiration.

On the 28th, the patient was oppressed; face flushed, and of a deep red tint at each cheek; nostrils dilating at every inspiration. Cough;



expectoration viscid—five or six ounces in twenty-four hours, of a rusty tint, in part consisting of the ordinary catarrhal sputa. Pulse from eighty to ninety, full; respiration thirty. Appetite diminished, but the other functions of the alimentary canal remain in the natural state.

R. Rad. Sanguinar. Canaden.  $\mathfrak{z}\text{ij}$ .  
Rad. Senegæ.  $\mathfrak{z}\text{j}$ .

M. Infuse in a pint of boiling water, and take a wine-glassful every two hours; gruel.

On the 29th, at the visit of the class, the patient was found in a most profuse perspiration, which broke out after taking three or four doses of the infusion. It had neither vomited nor purged him. Pulse softer, not less frequent. Respiration has fallen to twenty-four. Cough much more loose, and expectoration in part consists of ordinary mucus. The bronchial respiration is much less intense, and is heard at the same time with a very loose and abundant crepitus.

Suspend medicine; give the patient an infusion of flaxseed as a drink; gruel.

On the 30th, the cough mixture already directed on the 27th, was resumed. The sweating continued.

Dec. 31.—Much less oppressed than previously; face scarcely flushed; sweat very profuse, continuing since the 29th; less exhausted. Three or four stools only, daily; no nausea; tongue red and smooth; at tip thick; whitish-yellow fur posteriorly; cough loose, mucous; abundant expectoration—in part being muco-purulent masses, and in part thin and transparent;  $\mathfrak{z}\text{vj}$ . in twenty-four hours; no pain; decubitus dorsal; no expression of anxiety; appetite good; pulse seventy-six, regular, soft; respiration twenty, regular; intellect clear; percussion dull; respiration on the right side posteriorly vesicular, but a little rude at summit; still abundant crepitus in the space of three inches right below the summit, where the respiration is still a little bronchial; inferiorly there is mucous and sub-crepitant rhonchus, as well as at the axilla and along the anterior portion. Percussion flat only where the bronchial respiration remains; on the left side throughout, mucous and sonorous rhonchus. Flaxseed tea; gruel.

January 1st.—No prescription; sweating continued; a little appetite; cough very slight; expectoration rather less.

2d.—Expectoration mucous, in part a little purulent, with a portion still of a rusty tint.  $\mathfrak{z}\text{ii}$ . in twenty-four hours; cough much less; face of good colour, a little florid; not flushed; no distension of nostrils; lips of good colour; sweating less abundant, but has continued since the last date without intermission. Sputa red, a little dry at edges, nearly clear. Pulse seventy-six, soft and regular; respiration twenty, regular, equable. Skin moderately warm.

Percussion anteriorly dull under right clavicle, and extending throughout the whole of the right side; but only obviously dull at summit and at base; posteriorly dull at right side, flat at upper two-thirds; sonorous at left.

Respiration posteriorly right, at upper third nearly bronchial, but vesicular sound heard. At root very bronchial, with crepitant rhonchus after coughing; at the lower third respiration is vesicular and rude with sub-crepitant rhonchus; at left side, respiration vesicular and pure although at the right, anteriorly, it is still rude. Crepitus in right axilla, posteriorly. Flaxseed tea.

3d. Full convalescence; still sweating, but rather less. Respiration now vesicular, but a little rude at posterior part of right lung, with sub-crepitus and crepitus in posterior margin of axilla; appetite improving; sputa moist, whitish. Oil  $\mathfrak{z}\text{j}$ ; flaxseed tea continued.

Discharged January 19th, 1839. The bronchial respiration had then completely disappeared.

We have begun with the disease in its most simple forms, nearly without complication,—and afterwards we shall pass to those cases which are much more difficult. This patient, as you observe, presents no symptoms connected with the brain or the abdomen; and you may perceive, by writing them in a regular series upon the blackboard, we can strike out all the columns which do not refer to the functions of the respiration and the circulation. That is, the patient does not suffer more from cephalalgia, or disorder of the digestive functions, than necessarily arises from the slight degree of fever which is inseparable from all inflammatory febrile disorders; there is nothing specific or important in these symptoms. When, on the other hand, you turn to the columns which are appropriated to the symptoms connected with the circulation, you find that the pulse is frequent, and the skin warm; in other words, the patient has fever.

The symptoms of the circulation are not, however, characteristic—they may belong to a variety of other inflammatory diseases; we must seek elsewhere for the characteristic signs of pneumonia. These you will find under the head of the respiration. In the first place, the act of respiration is performed with difficulty—the nostrils dilate during each inspiration, as the muscles of respiration which are seated in the chest no longer suffice to the due performance of this function, and the muscles of the face are called in to assist. If you examine the face carefully, you may detect other symptoms connected with the respiration; the cheeks present a deep purple flush, owing to the imperfect arterialization of the blood in passing through the lungs—and the whole countenance offers that peculiar, anxious expression, which arises only from difficult respiration.

The number of inspirations is frequent—less so in the present case than in most others, even of simple pneumonia; generally they vary from twenty to fifty in the minute. Most frequently there are about thirty inspirations in the minute, when a single lung is affected in the adult. The frequency of the respiration is not only an excellent sign of pneumonia, but of the extent of the disease, for you will remark that when the brain of the



patient is not enfeebled by disease or old age, the frequency of the respiration increases just in proportion to the extent of lung which is inflamed. In children the sign is even more valuable, for the respiration in them is immediately increased in frequency, when inflammation of the lungs occurs,—and from the disease frequently extending itself to both lungs, the pneumonia is often vastly more severe than in adults, and increases the frequency of the respiration sometimes to a hundred or more in the minute, but very frequently to sixty and seventy. You will often find a difficulty in ascertaining the frequency of the respiration,—if you place your hand upon the chest of the patient, you will excite his attention, and thus disturb the regularity of the respiration. The best plan is to feel the pulse of the patient, and while you keep your hand upon his wrist, you can readily count the inspirations. I lay this stress upon the frequency of the respiration, as it is a sign which is less easily ascertained than you might at first sight suppose, and one that is of great utility in the diagnosis of pneumonia. The frequency of respiration in the case which I have detailed to you is not extremely great, much less than in most cases of pneumonia. Still it is a sufficiently decided symptom to indicate with tolerable certainty a disease of the thoracic organs.

The cough in this patient is slight and rare—such is the case in pneumonia, as a general rule; at times it is even totally absent;—the symptom is therefore of little value, except as a negative sign, for the occurrence of dyspnoea in an acute disease without much cough, enables us to exclude from the calculation of probabilities all ordinary cases of bronchitis. We then seek for the seat of the disease, and usually discover it to be an acute inflammation of the serous covering of the lung, or of its parenchyma.

The expectoration was characteristic, at the entrance of the patient. By this term we mean sputa, of a viscid, tenacious consistence, transparent, and at times of a reddish, rusty tint. You will rarely find that this expectoration is altogether wanting in cases of pneumonia,—but you will very often observe that it is combined with the ordinary mucous secretion produced by bronchitis, complicating the inflammation of the substance of the lung. In this case, from the moment that resolution of the pneumonia commenced, the sputa became muco-purulent, and ceased to differ from those of the second stage of catarrh. Although I am not demonstrating a case of pneumonia of great severity, you are still able to detect the characteristic sputa, which are very rarely absent throughout the whole course of the disease. But they are not easily distinguished from those of other diseases of the lungs, excepting in the second stage. I regard the existence of these viscid and reddish sputa, as pathognomonic of pneumonia. When the local and functional signs of the disease are not recognised, you may still regard the rusty, viscid sputa, as conclusive proof of the disease. I am aware that certain rare conditions of the bronchial

mucous membrane exist, in which the secretions resemble those of pneumonia; but these are so rare, that you may safely omit them in your diagnosis.

I have now pointed out to you the ordinary signs of pneumonia. You must have already satisfied yourselves that they are more or less uncertain, and that the disease cannot be recognised in a large proportion of cases by their aid. Neither will they make known the extent and exact seat of the affection, nor its rapidity of progress. We shall, in our next lecture, inquire into the degree of importance to be attached to the physical signs.

*Note.*—These lectures on pneumonia are not published precisely in the mode in which they were delivered,—a slight change, in this respect, will connect them in a natural succession, and perhaps render them more useful.

---

## FOREIGN SUMMARY.

---

*Reduction of old Dislocations.*—Mr. Syme has lately reported in the Edinburgh Medical and Surgical Journal, two cases of reduction of a dislocation of the thigh-bone,—one on the dorsum ilii, of nine weeks' standing—the other into the ischiatic notch, of six weeks' standing. The subject of the first case was thirty-six years of age; and the reduction was effected in forty minutes, by the pulleys, after a bleeding, a warm bath, and the administration of four grains of tartar emetic. The subject of the second case was fifty-six years of age: a first attempt of three quarters of an hour's induration failed to effect the reduction; but a second, the following day, in a very short time, proved successful.

*Spontaneous partial Inversion of the Uterus.* By WILLIAM LAWRENCE.—Sarah Smith, thirty-two years of age, a maid-servant, was admitted into the hospital on June 12th, 1838. She had always enjoyed good health, and felt herself quite well at the time of her admission. Three years ago she had borne a child, and the catamenia had been perfectly regular since that period. She had menstruated three weeks before she came to the hospital. She represented to me that she had a swelling in the private parts. I found, on examination, a tumour hanging from the external organs, as large as my fist. It was largest in the middle; a little smaller above and below. Observing a transverse fissure in the middle of its inferior end, I at first supposed the case to be a complete prolapsus uteri, but could not recognise the usual appearance of the os tincæ. The surface of the swelling, in its upper two-thirds, was smooth, pale, and nearly dry: this was obviously the vagina completely inverted. The lower third was a soft, almost villous, red surface, moistened by colourless mucus, and was soon recognised by the characteristic folds as the cervix uteri inverted. A defined line marked



the boundary between the vaginal and uterine portions of the tumour. She stated that she had experienced a bearing down and uneasiness for five months; that a protrusion had occurred at the external parts for three months, going up of itself after she had lain down at night; that the swelling had been down permanently for the last three weeks, though she had continued to perform her duties as a domestic up to the very day of her coming to the hospital. The mucous membrane of the inverted cervix uteri was healthy; and the cavity of the uterus, into which I introduced the end of my finger, was perfectly so. I could not detect inflammation, enlargement, or any other morbid change. The exposed membrane had secreted abundantly, for the chemise was completely saturated and stiffened with an almost colourless discharge. My inquiries failed to elicit any circumstances from which the cause and mode of production of this unusual change could be explained. When the patient had gone to bed, I covered the protrusion with a soft cloth, and pressed it upwards with the hand. It was necessary to exert considerable force, under which it suddenly receded, the urine being forced out at the same moment. I introduced my fingers into the vagina, to ascertain that the uterus was restored to its natural state, and that the os tincæ was in its right place. A portion of sponge dipped in a solution of alum was then introduced into the vagina and kept there, the patient being confined to bed. She menstruated at the return of the regular period. She was kept in bed, and used the sponge for three weeks. She was then allowed to get up, still continuing to introduce the sponge. She was discharged quite well on July 25th. I saw her in the latter part of August, when she had again menstruated, and had experienced no return of the protrusion.—*Lon. Med. Gaz.*

*Sketch of Sir Charles M. Clarke.* By Dr. JAMES JOHNSON.—Sir Charles was born in 1782, and, consequently, is in his fifty-sixth year. He was a fellow-student of our own, in Great Windmill street, under the late Mr. Wilson, and the present Mr. Thomas. Having served a short time in the army, he entered on practice under the auspices of his brother; and commenced lectures with him in 1804. Although a very different character from Sir Henry Hallford, whom we have before sketched, yet a great deal of what we have said respecting the senior baronet will apply to the junior. But their professional avocations ran in very different channels. In an overwhelming majority of instances—in forty-nine cases out of fifty, the *lying-in* chamber is anything but a *dying-in* apartment. In the former, the doctrines of Malthus and Martineau are thrown to the winds; and the addition of every unit, doublet, or even triplet to the sum total of the population, is hailed with rapture, and announced with glee, throughout the puerperal mansion. Never was man or midwife better calculated to enjoy the hilarity of the scene, or augment its intensity,

than Sir Charles Mansfield Clarke! This amiable and talented physician seems as though he had been born for beguiling the tedious hours of labour—*taking* the pains from the fair sufferer—and by his looks and language inspiring hope, and banishing every shadow of despondency. To an inexhaustible flow of animal spirits, Sir Charles adds the auxiliaries of wit, humour, anecdote, and the most joyous of countenances. But one remarkable and highly useful talent he possesses in an extraordinary degree—the happy facility of explaining and elucidating those numerous subjects which naturally occupy attention, and start inquiries in a parturient bed-chamber. Woman is always a curious and inquisitive creature; but when the *chef-d'œuvre* of Nature's works—the evolution of man—is in progress, her curiosity, and that of her attendants, are excited to the utmost stretch. On these occasions, the ingenuity of Sir Charles is never at fault. A screw, a wedge, a nut-cracker, a smoke-jack, or any of the most common implements, or familiar agents in mechanics, art, or science, furnishes his fertile brain with prompt illustrations of the complex and wonderful machinery which is in operation for bringing into this world an ample supply of human beings to compensate the havoc produced by the scythe of Time, the sword of war, and the ravages of disease. These, however, are only extrinsic, though important accomplishments in the lying-in chamber. Sir Charles has resources at command of a much higher order, and a more intellectual character. He had the good fortune of having an elder brother of prime talents, and large experience, who ushered him into practice, assisted him by his counsel, and shielded him with his name. If such inestimable advantages are comparatively thrown away on some people, it was not so with the subject of this memoir. Sir Charles was born with brains in his head, which is more than every one can boast of—and he did not put his brains into his pocket, whatever else may have found its way there. By means of a quick perception, keen eye, and inexhaustible energy, knowledge rapidly accumulated, and its valuable products were as rapidly diffused over an extensive field of practice. The consequences were, a princely fortune and an unbounded reputation, before the age of fifty years! Envy, too, which follows wealth and fame, almost as regularly as the shadow follows the substance, has not pursued the personage in question,—or, if it did, it skulked in holes and corners unseen, unheard. Sir Charles has been liberal to his brethren, and they have been just towards him. Few other men could roll away to the coast or country, for five or six months annually—and return with a flowing sheet to a spring-tide of practice. Nothing but the unlimited confidence of the public, and the well-earned respect of the profession, would enable a medical man thus to sally alternately from the vortex of the metropolis to the "*otium cum dignitate*" of rural life, with undiminished influence or celebrity.—*London Medico-Chirurgical Review.*